



REGISTRATION (ADD/DROP)

All new students must complete reverse side of this form

Enrollment Services
 Email Registration registration@lwtech.edu by using your
 LWTech email account (s-first.last@lwtech.edu)

PRINT CLEARLY • COMPLETE ALL UNSHADED AREAS • SIGN

Student ID Number (SID)*	Quarter Year	Did you attend LWTech before? <input type="checkbox"/> No <input type="checkbox"/> Yes, in year:	Day Phone Evening Phone	Date of Birth - MM/DD/YYYY for example 07/30/1980
--------------------------	---------------------	--	--------------------------------	--

Last Name (Family Name)	First Name (print clearly as many letters as fit)	Middle Initial (if any)
---------------------------	---	-------------------------

Address — Number & Street, Route & Box or P.O., or Apt #	E-mail address (print clearly) @
--	---

City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No Veterans and/or their dependents may qualify for educational benefits. Please check "Yes" if you would like additional information
------	-------	----------	---

Do you have a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Former Foster Youth may qualify for educational benefits and support services. Please check "Yes" if you have been in Washington State foster care for at least one year since your 16 th birthday.
--	---

<p align="center">REQUESTED CLASS SCHEDULE (ADDS OR DROPS)</p> <p align="center">Valid item numbers must be provided. See Class Schedule http://www.lwtech.edu/academics/class-schedule/.</p>	<p>How will your course work relate to your current or future work? (Check one.)</p> <input type="checkbox"/> 11 Gain skills for a new job or career <input type="checkbox"/> 12 Gain skills for my current job or career <input type="checkbox"/> 13 Improve skills for a career change <input type="checkbox"/> 14 Does not apply <input type="checkbox"/> 90 Other
--	---

Check box Add or Drop	Item No. Example: 9565	Course Department & Number Example: ENGL&101	Credits For variable credit	Instr. Permission After quarter start or prerequisite override
Add <input type="checkbox"/> Drop <input type="checkbox"/>				
Add <input type="checkbox"/> Drop <input type="checkbox"/>				
Add <input type="checkbox"/> Drop <input type="checkbox"/>				
Add <input type="checkbox"/> Drop <input type="checkbox"/>				
Add <input type="checkbox"/> Drop <input type="checkbox"/>				
Add <input type="checkbox"/> Drop <input type="checkbox"/>				
Add <input type="checkbox"/> Drop <input type="checkbox"/>				

<p>What is your main long-term purpose for attending this college? (Check one.)</p> <input type="checkbox"/> 11 Take courses related to current or future work <input type="checkbox"/> 12 Transfer to a 4-year college and earn a degree <input type="checkbox"/> 13 High school diploma or GED <input type="checkbox"/> 14 Explore career direction <input type="checkbox"/> 90 Other

PAYMENT DEADLINE - When registering for courses you are obligated to pay the tuition and fees for those classes on the first day of the quarter. Students are encouraged to pay at the time of registration or to enroll in the payment plan program. If you enroll in a payment plan you must withdraw by the scheduled refund dates to receive the level of refunds outlined in the college's refund policy. Students who enroll after the first day of the quarter must pay tuition and fees at the time of registration. **Students with tuition and fees that have not been received by the end of the 5th day of the quarter are subject to being dropped from classes.** Unpaid balances may be subject to collections and you may be responsible for any collection and legal fees.

Faculty or Advisor	Student Signature	Date
Signature		
Printed Name	Dean(VP) signature (For over 22-26 credits load)	

Registration staff use only – initial and date	Agent of registrar Date reg. form received _____ Printed name _____ Signature _____
--	--

*Your SID is a college-assigned number unrelated to your social security number (SSN). To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure. **Your SSN will not be used as your SID.** If you are a new student, an SID will be assigned to you. The college provides equal opportunity in education and does not discriminate on the basis of age, color, national origin, sex or disability. Registration Form (rev 05/04/2018)

Please complete the sections below

CITIZENSHIP – Complete **ONE** category only.

U.S. Citizen? Yes; No **If no, go to next line.**

Resident alien? Yes; No **If yes, alien number:**

Refugee? Yes; No **If yes, I-94 number:**
If no to both, go to next line.

If none of the above, **Visa type** (example, H-4):
If no visa, go to next line.

Other status in the U.S.? Explain:

WHAT RACE DO YOU CONSIDER YOURSELF TO BE? – Please mark only one box.

- African-American (870)
- Alaskan Native (015)
- American Indian (597)
- Chinese (605)
- Other Asian (621)
- Spanish or Hispanic Yes (717) No (999)
- White/Caucasian (800)
- Multicultural _____ (799)
(Parents represent different racial ethnic groups.)
- Other race (998)

REASON FOR ENROLLING – Note: if you are pursuing a degree or certificate, you must apply for admission.

In the absence of a choice of program, students will be assigned to a program code that matches their course selection.

- | | |
|--|--|
| <input type="checkbox"/> F Associate (AAS) degree. Program (major):
_____ | <input type="checkbox"/> G Applicant |
| <input type="checkbox"/> F Certificate. Program (major):
_____ | <input type="checkbox"/> J Improve job skills |
| <input type="checkbox"/> B College/university transfer | <input type="checkbox"/> K Home, family life (e.g. parent education) |
| <input type="checkbox"/> E Adult Basic Education | <input type="checkbox"/> L Personal enrichment |
| <input type="checkbox"/> D Obtain HS diploma or GED certificate | <input type="checkbox"/> M See if I do well |
| | <input type="checkbox"/> X Undecided |
| | <input type="checkbox"/> Y Other _____ |

The college appreciates your response to the following questions. All information will be maintained with the strictest confidentiality.

What is your sexual orientation?

- 72 Bisexual
- 99 Gay
- 21 Lesbian
- 28 Queer
- 23 Straight/heterosexual
- 01 Other
- 57 Prefer not to answer

What is your gender identity?

- 22 Feminine
- 77 Masculine
- 52 Androgynous
- 35 Gender neutral
- 27 Transgender
- 01 Other
- 57 Prefer not to answer

SEX Male Female

WASHINGTON STATE OUTCOMES – Check one response per question. The State of Washington requires the college to collect this information.

How long do you plan to attend this college?

- 11. One quarter
- 12. Two quarters
- 13. One year
- 14. Up to two years no degree planned
- 15. Long enough to complete a degree
- 16. Don't know
- 90. Other

What is your current work status while attending?

- 11. Full-time homemaker
- 12. Full-time employment
- 13. Part-time off-campus
- 14. Part-time on-campus
- 15. Not employed, seeking employment
- 16. Not employed, not seeking employment
- 90. Other

What is your prior level of education at entry to LWTech?

- 11. Less than high school graduation
- 12. GED
- 13. High school graduate
- 14. Some post high school, but no degree or certificate
- 15. Certificate (less than two years)
- 16. Associate degree
- 17. Bachelor's degree or above
- 90. Other

What was your family status when you started at LWTech?

- Were you ...**
- 11. A single parent with children or other dependents in your care.
 - 12. A couple with children or other dependents in your care.
 - 13. Without children or other dependents in your care.
 - 90. Other

MEDICAL INSURANCE (Informational Only)

Depending on your program, Medical Insurance may be required. Training may require simulated, hands-on work experience. You may purchase student accident insurance for a minimum sum. See Enrollment Services for further information

Enrollment Services
West building, W201
11605 132nd Avenue NE, Kirkland, WA 98034-8506
Phone: (425) 739-8104
registration@lwtech.edu

Check services online at <http://www.lwtech.edu/studenttoolbox>